

SOUTH CAROLINA

AIDS Drug Assistance Program (ADAP) Formulary

Revised August 2020

(alphabetical order by brand name within drug category)

Brand Name	Generic Name	Drug Class	Additional Information
HIV ANTIRETROVIRAL DRUGS			
Aptivus	tipranavir	Protease Inhibitor	
Atripla	efavirenz / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Biktarvy	bictegravir / emtricitabine / tenofovir alafenamide fumarate	Combination Treatment	Before prescribing, refer to the drug's full prescribing information.
Cimduo	lamivudine/tenofovir disoproxil fumarate	NRTI	Product carries a boxed warning for post-treatment acute exacerbations of hepatitis B.
Combivir	lamivudine / zidovudine	NRTI	
Complera	emtricitabine / rilpivirine / tenofovir disoproxil fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection: 1) In patients 12 years of age and older with no antiretroviral treatment history and with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy and 2) In certain virologically suppressed (HIV-1 RNA <50 copies/mL) patients on a stable antiretroviral regimen at start of therapy in order to replace their current antiretroviral treatment regimen.
Delstrigo	doravirine / lamivudine/ tenofovir disoproxil fumarate	Combination Treatment	Product carries a boxed warning regarding the risk of post-treatment acute exacerbations of hepatitis B. Contraindicated when co-administered with drugs that are strong cytochrome P450 3A enzyme inducers (decreases in doravirine plasma concentrations may occur which may decrease the product's effectiveness). Refer to the package insert for concurrently administered drugs to avoid. Precautions include new onset or worsening renal impairment, risk of adverse reactions or loss of virologic response due to drug interactions, bone loss and mineralization defects, and Immune Reconstitution Syndrome.
Descovy	emtricitabine / tenofovir alafenamide	NRTI	
Dovato	dolutegravir / lamivudine	Combination Treatment	Dovato carries a Boxed Warning for patients co-infected with hepatitis B virus (HBV) and HIV-1. Prior to initiating treatment, patients should be tested for HBV infection. The emergence of HBV variants associated with resistance to lamivudine has been reported in HIV-1-infected patients who have received lamivudine-containing antiretroviral regimens in the presence of concurrent infection with HBV. In addition, severe exacerbations of HBV have been reported in patients co-infected with HIV-1 and HBV who have discontinued lamivudine.
Edurant	rilpivirine	NNRTI	
Emtriva	emtricitabine	NRTI	

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Epivir	lamivudine	NRTI	
Epzicom	abacavir/ lamivudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Evotaz	atazanavir / cobicistat	Combination Treatment	
Fuzeon	enfuvirtide	Fusion Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Genvoya	elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
Intelence	etravirine	NNRTI	
Invirase	saquinavir	Protease Inhibitor	
Isentress, Isentress HD	raltegravir	Integrase Inhibitor	
Juluca	dolutegravir / rilpivirine	Combination Treatment	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Kaletra	lopinavir / ritonavir	Protease Inhibitor	
Lexiva	fosamprenavir	Protease Inhibitor	
Norvir	ritonavir	Protease Inhibitor	
Odefsey	emtricitabine / rilpivirine / tenofovir alafenamide fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection in patients 12 years of age and older as initial therapy in those with no antiretroviral treatment history with HIV-1 RNA less than or equal to 100,000 copies per mL; or to replace a stable antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) for at least six months with no history of treatment failure and no known substitutions associated with resistance to individual components of Odefsey.

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Pifeltro	doravirine	NNRTI	Contraindicated when co-administered with drugs that are strong cytochrome P450 3A enzyme inducers. Decreases in doravirine plasma concentrations may occur which may decrease the product's effectiveness. Refer to the package insert for concurrently administered drugs to avoid. Other warnings and precautions include risk of adverse reactions or loss of virologic response due to drug interactions and Immune Reconstitution Syndrome.
Prezcobix	darunavir / cobicistat	Combination Treatment	
Prezista	darunavir	Protease Inhibitor	
Retrovir	zidovudine	NRTI	
Reyataz	atazanavir	Protease Inhibitor	
Selzentry	maraviroc	CCR5 Co-Receptor Antagonist	Prior authorization required for an individual's first ADAP prescription for this drug.
Stribild	elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Sustiva	efavirenz	NNRTI	
Symfi, Symfi Lo	efavirenz / lamivudine / tenofovir disoproxil fumarate	Combination Treatment	Product carries a boxed warning for post-treatment acute exacerbations of hepatitis B.
Symtuza	darunavir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
Tivicay	dolutegravir	Integrase Inhibitor	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.

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Triumeq	abacavir / dolutegravir / lamivudine	Combination Treatment	Before adding an abacavir-containing medication to the drug regimen, refer to the full prescribing information. Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Trizivir	abacavir / lamivudine / zidovudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Trogarzo	Ibalizumab-uiyk	CD4 post-attachment HIV-1 inhibitor	Prior authorization is required for this medication. To initiate the process, please go through the Theratechnologies THERA patient support® program. Go to the website listed below and click on "I am a Healthcare Provider" and choose the Trogarzo button. Then, look to the right of the next page for the Trogarzo Enrollment Form. https://www.therapatientssupport.com
Truvada	emtricitabine / tenofovir disoproxil fumarate	NRTI	
Tybost	cobicistat	Boosting Agent	Tybost should not be used with cobicistat-containing drugs such as Evotaz, Prezcoibix, or Stribild. Tybost in combination with lopinavir/ritonavir or regimens containing ritonavir is not recommended due to similar effects of Tybost and ritonavir on CYP3A. Refer to the product's full prescribing information at https://www.gilead.com/science-and-medicine/medicines
Videx, Videx EC	didanosine	NRTI	
Viracept	nelfinavir	Protease Inhibitor	
Viramune	nevirapine	NNRTI	
Viramune XR	nevirapine	NNRTI	
Viread	tenofovir	NRTI	
Vitekta	elvitegravir	Integrase Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Zerit	stavudine	NRTI	
Ziagen	abacavir	NRTI	Before adding abacavir to the drug regimen, refer to the drug's full prescribing information.
OPPORTUNISTIC AND CO-INFECTION DRUGS			
Amoxicillin	amoxicillin	Antibiotic	
Augmentin	amoxicillin clavulanate	Antibiotic	

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Avelox	moxifloxacin, oral	Antibiotic	
Bactrim DS, Bactrim	sulfamethoxazole/trimethoprim	Antibiotic	
Cipro	ciprofloxacin, oral	Antibiotic	
Clarithromycin	clarithromycin	Antibiotic	
Cleocin	clindamycin	Antibiotic	
Clotrimazole	clotrimazole	Antifungal	
Clotrimazole / Betamethasone	clotrimazole / betamethasone topical	Antifungal	
Dapsone	dapsone	Antibiotic	
Diflucan	fluconazole	Antifungal	
Famciclovir	famciclovir	Antiviral	
Flagyl	metronidazole, oral	Antibiotic	
Ketoconazole	ketoconazole tablets, topical	Antifungal	
Leucovorin	leucovorin	Opportunistic Infection	
Levaquin	levofloxacin, oral	Antibiotic	
Mepron	atovaquone	Antiprotozoal	
Monodox	doxycycline monohydrate	Antibiotic	
Nystatin	nystatin	Antifungal	
Nystatin/Triamcin Acetonide	nystatin / triamcinolone topical	Antifungal	
Relenza	zanamivir	Antiviral	
Ribavirin	ribavirin	Antiviral	
Sporanox	itraconazole	Antifungal	
Sulfadiazine	sulfadiazine	Antibiotic	
Tamiflu	oseltamivir	Antiviral	
Trimethoprim	trimethoprim (TMP)	Antibiotic	
Valcyte	valganciclovir	Antiviral	
Valtrex	valacyclovir	Antiviral	
Vfend	voriconazole, oral	Antifungal	
Vibramycin	doxycycline hyclate	Antibiotic	
Zithromax	azithromycin	Antibiotic	
Zovirax	acyclovir	Antiviral	
ANTICONVULSANTS			
Neurontin	gabapentin	Anticonvulsant	
ANTIDEPRESSANTS			
Amitriptyline	amitriptyline	Antidepressant	
Celexa	citalopram	Antidepressant	
Cymbalta	duloxetine	Antidepressant	
Effexor XR	venlafaxine	Antidepressant	
Lexapro	escitalopram	Antidepressant	

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Paxil	paroxetine	Antidepressant	
Prozac	fluoxetine, daily formulation	Antidepressant	Prozac Weekly is not on the formulary.
Remeron	mirtazapine	Antidepressant	
Trazodone	trazodone	Antidepressant	
Wellbutrin XL, SR	bupropion	Antidepressant	
Zoloft	sertraline	Antidepressant	

ANTIDIARRHEALS

Mytesi	crofelemer	Antidiarrheal	If infectious etiologies are not considered, and Mytesi is initiated based on a presumptive diagnosis of non-infectious diarrhea, then there is a risk that patients with infectious etiologies will not receive the appropriate treatments and their disease may worsen. Before starting Mytesi, rule out infectious etiologies of diarrhea. Mytesi is not indicated for the treatment of infectious diarrhea.
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ANTIEMETIC AGENTS

Promethazine	promethazine	Antiemetic
Zofran, Zofran ODT	ondansetron	Antiemetic

ANTILIPEMIC AGENTS

Crestor	rosuvastatin	Antilipemic Agent
Pravachol	pravastatin	Antilipemic Agent
Zocor	simvastatin	Antilipemic Agent

ANTITUBERCULOSIS AGENTS

Myambutol	ethambutol	Antitubercular Agent
Mycobutin	rifabutin	Antitubercular Agent

HIV-ASSOCIATED LIPODYSTROPHY

Egrifta SV	tesamorelin	Growth Hormone Releasing Factor	<p>Prior authorization is required for this medication. To initiate the process, please go through the Theratechnologies THERA patient support® program. Go to the website listed below and click on "I am a Healthcare Provider" and choose the Egrifta SV button. Then, look to the right of the next page for the Egrifta SV Enrollment Form.</p> <p>https://www.therapatientssupport.com</p>
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ORAL STEROIDS			
Prednisone	prednisone, oral	Steroid	

SMOKING CESSATION PRODUCTS South Carolina Tobacco Quitline: 1-800-QUIT-NOW			
Chantix	varenicline tablet	Smoking Cessation	Tobacco users have a better chance at quitting with a treatment regimen inclusive of medications and counseling. Visit this webpage for information to assist patients with tobacco cessation: https://www.scdhec.gov/health/tobacco-cessation
NicoDerm CQ	nicotine patch	Smoking Cessation	
Nicorette	nicotine polacrilex gum, lozenge	Smoking Cessation	
Nicotrol	nicotine inhaler, spray	Smoking Cessation	
Zyban	bupropion tablet	Smoking Cessation	

SC ADAP DISPENSING GUIDELINES

Additions to Drug Formulary: The most recent additions or revisions to the formulary are shown in red.

Drug Coverage: A prescription is required for any ADAP formulary drug, regardless of whether the product is a prescription drug or an over-the-counter drug.

Generic Drugs: Generic formulations of ADAP formulary drugs are dispensed when determined as most cost-effective.

Quantity: Drug quantities of one-month supplies (as authorized by the prescriber) of ADAP formulary drugs are dispensed.

Prior Authorization: The physician should complete the SC ADAP pharmacy's prior authorization request form and then fax the form along with accompanying documentation to 412-787-9400 (fax). After approval of an ADAP client's initial prescription for a drug requiring prior authorization, it is not necessary to submit an additional prior authorization request to ADAP for that drug for that individual. To obtain the PA form, refer to the "Prior Authorizations" section of the webpage at:

<https://www.pantherspecialty.com/sc-adap/>

ADAP Pharmacy Phone Number: 855-PANTHRX (803-728-3212)